

California State Board of Education Supplementary Questionnaire Application for Appointment to Mathematics and Reading Professional Development Program Review Committee

Date Received

Revised 11/2007

1430 N Street, Room 5111, Sacramento, CA, 95814 Phone (916) 319-0827; Fax (916) 319-0175

(Please complete all items in this supplementary questionnaire.)

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Advisory Body	(Content Area applying for – choose one)	Date
Mathematics and Reading Professional Devel-		English learner PD
opment Program Review Committee	0 0 0	3
Name of applicant:		
Home address:		
Business phone:	Home phone:	E-mail address:
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Explain your qualifications to review math, reading, and/or English Learner professional development as outlined in the law and regulations for Senate Bill 472 (SB 472). Refer to the following websites to access the law and regulations: http://info.sen.ca.gov/pub/05-06/bill/sen/sb 0451-0500/sb 472 bill 20060928 chaptered.pdf AND http://www.cde.ca.gov/re/lr/rr/documents/mathread15dayreg3.doc (You may attach one or more additional sheets if needed.)		
Have you participated in AB 466/SB 472 (teacher) training, served as an instructor for AB 466/SB 472 training, and/or administered the program in a school district or county office of education? Have you participated in AB 75/AB 430 (administrator) training, served as an instructor for AB 75/AB 430 training, and/or administered the program in a school district or county office of education?		

Complete this questionnaire in addition to the Application for Appointment to Advisory Body

What is your understanding of current and confirmed scientific research related to instructional practices for

reading/language arts? Related to instructional practices for mathematics? Related to instructional practices for
EL pupils? (You may attach one or more additional sheets if needed.)
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What do you believe are the elements of effective and high quality professional development? How will your view of these elements impact the manner in which you review training providers' curricula?
(You may attach one or more additional sheets if needed.)
Do you or any member of your immediate family have any financial interest in a current or potential training pro-
vider (e.g., a director, officer, partner, trustee, employee, or consultant of a current or potential training pro-
vider)? If so, please provide information explaining your financial interest*.

^{*}Title 5 Section 18600 incorporates by reference the model conflict of interest code set forth in Title 2, Section 18730. Financial interest is defined in Government Code 87103 and Title 2 regs.